

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003301

Entity Name: NASCAR PRODUCTIONS, LLC**Current Principal Place of Business:**550 SOUTH CALDWELL STREET, #500
CHARLOTTE, NC 28202**Current Mailing Address:**ATTN: DAWN LONG
ONE DAYTONA BOULEVARD
DAYTONA BEACH, FL 32114 US**FEI Number:** 91-2031199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROTTY, W. GARRETT
ONE DAYTONA BOULEVARD
DAYTONA BEACH, FL 32114 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	NASCAR MEDIA VENTURES, LLC
Address	550 SOUTH CALDWELL STREET, #500
City-State-Zip:	CHARLOTTE NC 20202-2627

Title	TREASURER
Name	BENNETT, EDWARD E.
Address	ONE DAYTONA BOULEVARD
City-State-Zip:	DAYTONA BEACH FL 32114

Title	PRESIDENT
Name	PHELPS, STEPHEN R.
Address	ONE DAYTONA BOULEVARD
City-State-Zip:	DAYTONA BEACH FL 32114

Title	VP
Name	CLARK, THOMAS "TIM"
Address	550 SOUTH CALDWELL STREET
City-State-Zip:	CHARLOTTE NC 28202

Title	VP
Name	STUM, STEVE R
Address	550 SOUTH CALDWELL STREET
City-State-Zip:	CHARLOTTE NC 28202

Title	SECRETARY
Name	OLIVER, AMANDA A.
Address	ONE DAYTONA BOULEVARD
City-State-Zip:	DAYTONA BEACH FL 32114

Title	VP
Name	HERBST, BRIAN T.
Address	550 SOUTH CALDWELL STREE
City-State-Zip:	CHARLOTTE NC 28202

Title	ASST. TREASURER
Name	MOTTO, GREGORY S
Address	ONE DAYTONA BLVD
City-State-Zip:	DAYTONA BEACH FL 32114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA A. OLIVER**SECRETARY****04/08/2024**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date